- /	A B C D	E	F	G	Н	I J	K	L	М	N O		Р	Q	R	S	T	U	V		Х	Υ
	Unified Rate Review v2.0.4																				
1	Company Legal Name:	WellCare Hea	Ith Plans of Kent	State:	KY																
	HIOS Issuer ID:	72001			Individual																
				iviai ket.	iliuiviuuai																
4	Effective Date of Rate Change(s):	1/1/2016																			
]	and the level Colonian in the	1																			
	Market Level Calculations (Same for all Pl	iansj																			
t																					
L	Section I: Experience period data																				
]	Experience Period:	1/1/2014	1 to	12/31/2014																	
			Experience Period																		
			Aggregate Amount	<u>PMPM</u>	% of Prem																
	Premiums (net of MLR Rebate) in Experie	ence Period:	\$0	#DIV/0!	#DIV/0!																
]	Incurred Claims in Experience Period		\$0	#DIV/0!	#DIV/0!																
	Allowed Claims:		\$0	#DIV/0!	#DIV/0!																
	Index Rate of Experience Period Experience Period Member Months		0	\$0.00																	
	Experience remod Member Months		U																		
1	Section II: Allowed Claims, PMPM basis																				
	· · · · · · · · · · · · · · · · · · ·		Experience	Period		Proje	ction Period:	1/1/201	16 to	12/31/2	2016	Mid	d-point to Mid-	point, Experier	nce to Projection:		24 mo	inths	_		
						Adj't. from	•		ed Trend												
			on Actual Experi	ence Allowed		to Project	ion Period	Fac	tors	Projectio	ns, before	e credibility A	Adjustment		Credibility Manua	ıl					
		Utilization	Utilization per	Average		Pop'l risk				Utilization		Average		Utilization	Average						
Ц	Benefit Category	Description		Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000		st/Service	PMPM	per 1,000	Cost/Service	PMPI					
	Inpatient Hospital	Days	0.00	\$0.00	\$0.00	1.000	1.000	1.000	1.000		0.00	\$0.00	\$0.00	300.67	\$3,151.10		78.95				
	Outpatient Hospital Professional	Services Services	0.00	0.00 0.00	0.00 0.00	1.000 1.000	1.000 1.000	1.000 1.000	1.000 1.000		0.00	0.00	0.00 0.00	1889.61 14460.01	900.11 99.44		41.74 19.83				
7	Other Medical	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000		0.00	0.00	0.00	663.71	151.00		8.35				
3	Capitation	Other	0.00	0.00	0.00	1.000	1.000	1.000	1.000	C	0.00	0.00	0.00	0.00	0.00		0.00				
3	Prescription Drug	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	C	0.00	0.00	0.00	10203.56	89.37	7	75.99				
)	Total				\$0.00								\$0.00			\$42	24.86				
]																		After Credibility	Proje	cted Period Tota	ls
-	Section III: Projected Experience:				Projected Allowed								0.00%			100	0.00%	\$424.86		\$25,110,91	13
ļ						Paid to Allow	-		-									0.716		A	
1						Projected Inc Projected Ris			a rein & Risk	Adj't, PMPM								\$304.20 <u>1.5</u>		\$17,979,41	
1						-			eincuranco :	ecoveries, net of	rain nrow	n DMDM						\$302.63		92,79 \$17,886,62	
1						Projected AC					rem prefi	ii, FIVIFIVI						\$302.63 <u>13.6</u> 2		\$17,880,02 804,40	
1					Projected Incurred	-												\$289.02		\$17,082,21	_
Ξ					Administrative Ex											.13	2.01%	45.75		2,704,06	
1					Profit & Risk Load												5.80%	22.09		1,305,87	
1					Taxes & Fees												6.32%	24.08		1,422,95	
1					Single Risk Pool G	ross Premium Av	g. Rate, PMP	М										\$380.94		\$22,515,11	_
1					Index Rate for Pro		•											\$424.10			
1						% increase o		e Period										#DIV/0!			
						% Increase, a	innualized:											#DIV/0!		F0.44	
7 3					Projected Membe	er ivionths														59,10	J4
┨																					
ĺ	Information Not Releasable to the Pub	hlic Unless Authori	ized by Law: This info	rmation has no	t heen nublically	disclosed and ma	v he nrivilege	ad and confi	dential Itic	for internal gove	rnment	se only and n	nust not he								
			d to persons not auth							_			iust HUL DE								
2	alsserimated, di	Jacca, or copic	persons not dutil					.,		catelle											

Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID:

Effective Date of Rate Change(s):

WellCare Health Plans of Kentucky, Inc. 72001 1/1/2016 State:

KY

Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	WellCare HMO						
Product ID:			72001	KY001			
Metal:	Catastrophic	Silver	Gold	Bronze	Silver	Gold	
AV Metal Value	0.612	0.718	0.820	0.618	0.718	0.814	
AV Pricing Value	0.674	0.010	0.010	0.826	0.898	1.059	
Plan Type:	НМО	НМО	нмо	НМО	НМО	НМО	
Plan Name	WellCare						
	Catastrophic	WellCare Silver	WellCare Gold	WellCare Bronze	WellCare Silver	WellCare Gold	
Plan ID (Standard Component ID):	72001KY0010001	72001KY0010002	72001KY0010003	72001KY0010004	72001KY0010005	72001KY0010006	
Exchange Plan?	Yes	No	No	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2			0.0	0%			
Historical Rate Increase - Calendar Year - 1			0.0	0%			
Historical Rate Increase - Calendar Year 0			0.0	0%			
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	
Rate Change % (over prior filing)	16.41%	-9.95%	-14.12%	0.00%	-9.95%	-14.12%	
Cum'tive Rate Change % (over 12 mos prior)	16.41%	-9.95%	-14.12%	-999.00%	-9.95%	-14.12%	
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Product Threshold Rate Increase %	 		-10.	98%			

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	72001KY0010001	72001KY0010002	72001KY0010003	72001KY0010004	72001KY0010005	72001KY0010006
Inpatient	#DIV/0!	-\$5.30	-\$5.30	-\$5.30	\$0.00	-\$5.30	-\$5.30
Outpatient	#DIV/0!	-\$8.11	-\$8.11	-\$8.11	\$0.00	-\$8.11	-\$8.11
Professional	#DIV/0!	-\$11.56	-\$11.56	-\$11.56	\$0.00	-\$11.56	-\$11.56
Prescription Drug	#DIV/0!	-\$0.02	-\$0.02	-\$0.02	\$0.00	-\$0.02	-\$0.02
Other	#DIV/0!	-\$0.70	-\$0.70	-\$0.70	\$0.00	-\$0.70	-\$0.70
Capitation	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	#DIV/0!	-\$3.46	-\$3.46	-\$3.46	\$0.00	-\$3.46	-\$3.46
Taxes & Fees	#DIV/0!	\$3.42	\$3.42	\$3.42	\$0.00	\$3.42	\$3.42
Risk & Profit Charge	#DIV/0!	-\$5.37	-\$5.37	-\$5.37	\$0.00	-\$5.37	-\$5.37
Total Rate Increase	#DIV/0!	-\$31.10	-\$31.10	-\$31.10	\$0.00	-\$31.10	-\$31.10
Member Cost Share Increase	#DIV/0!	\$2.20	\$2.20	\$2.20	\$0.00	\$2.20	\$2.20

Average Current Rate PMPM	\$318.12	\$148.46	\$381.21	\$406.28	\$381.21	\$406.28

Projected Member Months	59,104	976	0	0	10,083	13,642

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	72001KY0010001	72001KY0010002	72001KY0010003	72001KY0010004	72001KY0010005	72001KY0010006
=	Plan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
tion	Member Months	0	0	0	0	0	0	0
ΞĘ	Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ફ								
=	EHB Percent of TP, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
١	state mandated benefits portion of TP that are other							
ren	Total Premium (TP) EHB Percent of TP, [see instructions] state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
۵	Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EHB Percent of TAC, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
S	state mandated benefits portion of TAC that are							
ation	other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
l E	Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
μĘ	Allowed Claims which are not the issuer's							
us	obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Claims	Portion of above payable by HHS's funds on							
S	behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of					_	_	
	insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		4					4	4
	Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
	Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
_								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	72001KY0010001	72001KY0010002	72001KY0010003	72001KY0010004	72001KY0010005	72001KY0010006
_	Plan Adjusted Index Rate	\$370.25	\$271.75	\$379.87	\$448.79	\$332.98	\$361.67	\$426.47
ţi	Member Months	59,104	976	-	-	10,083	34,403	13,642
шa	Total Premium (TP)	\$21,883,102	\$265,228	\$0	\$0	\$3,357,437	\$12,442,533	\$5,817,904
for								
1 =	EHB Percent of TP, [see instructions]	99.75%	99.48%	99.76%	99.79%	99.72%	99.75%	99.78%
mig	state mandated benefits portion of TP that are other							
re	than EHB	0.25%	0.52%	0.24%	0.21%	0.28%	0.25%	0.22%
_	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Allowed Claims (TAC)	\$24,947,120	\$236,673	\$0	\$0	\$4,236,943	\$14,520,099	\$5,953,405

nation	EHB Percent of TAC, [see instructions]	99.82%	99.69%	99.82%	99.83%	99.82%	99.82%	99.83%
nati	state mandated benefits portion of TAC that are							
Inform	other than EHB	0.18%	0.31%	0.18%	0.17%	0.18%	0.18%	0.17%
s Inf	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
ims								
G	Allowed Claims which are not the issuer's obligation	\$8,123,034	\$107,152	\$0	\$0	\$1,644,349	\$4,911,467	\$1,460,066
	Portion of above payable by HHS's funds on							
	behalf of insured person, in dollars	\$1,990,900	\$0	\$0	\$0	\$0	\$1,990,900	\$0
	Portion of above payable by HHS on behalf of							
	insured person, as %	24.51%	0.00%	#DIV/0!	#DIV/0!	0.00%	40.54%	0.00%
	Total Incurred claims, payable with issuer funds	\$16,824,086	\$129,521	\$0	\$0	\$2,592,594	\$9,608,632	\$4,493,339
	Net Amt of Rein	\$804,391	\$9,749	\$0	\$0	\$123,414	\$457,368	\$213,860
	Net Amt of Risk Adj	\$92,845	\$1,125	\$0	\$0	\$14,245	\$52,791	\$24,684
	Incurred Claims PMPM	\$284.65	\$132.71	#DIV/0!	#DIV/0!	\$257.13	\$279.30	\$329.38
	Allowed Claims PMPM	\$422.09	\$242.49	#DIV/0!	#DIV/0!	\$420.21	\$422.06	\$436.40
	EHB portion of Allowed Claims, PMPM	\$421.33	\$241.74	#DIV/0!	#DIV/0!	\$419.45	\$421.30	\$435.66

